

# DEPARTMENT OF SOCIAL SERVICES

## DISCREPANCY REPORTING FORM

### Reporter Information

|                                                                                      |  |
|--------------------------------------------------------------------------------------|--|
| <b>Employee Name(s)</b><br><small>(May be omitted to assure confidentiality)</small> |  |
| <b>Employee Title</b><br><small>(May be omitted to assure confidentiality)</small>   |  |
| <b>Office/Division/<br/>Section/Unit</b>                                             |  |
| <b>Telephone Number</b>                                                              |  |
| <b>Date Submitted</b>                                                                |  |
| <b>Signature</b>                                                                     |  |

### Discrepancy Information

|                                           |  |
|-------------------------------------------|--|
| <b>Office/Division/<br/>Section/Unit</b>  |  |
| <b>Employee(s) Aware of<br/>Condition</b> |  |
| <b>Explanation of Condition</b>           |  |
| <b>Cause of Condition</b>                 |  |
| <b>Date and Time Detected</b>             |  |
| <b>Dollar Amount Involved</b>             |  |
| <b>Policy or Procedure<br/>Affected</b>   |  |
| <b>Other Information</b>                  |  |

### Corrective Measures

|                            |  |
|----------------------------|--|
| <b>Description</b>         |  |
| <b>Date Measures Taken</b> |  |
| <b>Person Responsible</b>  |  |
| <b>Title</b>               |  |
| <b>Signature</b>           |  |